MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007622
STATE FILE NUMBER

AMENDED

Registration District No. 3-14 Primary Registration District No. 4459 Registrar's No. 13

FILED MAR 8 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osceola
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN: Osceola
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Route 3
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: Leo Last: Foote

4. DATE OF DEATH: Month, Day, Year: Feb; 10, 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/13/96

9. AGE (last birthday): 65

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Clair County Mo; USA

12. CITIZEN OF WHAT COUNTRY:

13a. FATHER'S NAME: Charley Foote

13b. MOTHER'S MAIDEN NAME: Mary Ann Bridges

14. NAME OF HUSBAND OR WIFE: Nellie Foote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Nellie Foote, Osceola Missouri

18. CAUSE OF DEATH (Enter only one cause per line

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Apparently had a	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	coronary - was found dead	
DUE TO (c)	in [illegible] car - no evidences of	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	Supposed natural death	

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from not at all to and last saw her/him alive on
Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ruth Seevers MD Local Reg

22b. ADDRESS: Osceola Missouri

22c. DATE SIGNED: 2/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/14/62

23c. NAME OF CEMETERY OR CREMATORY: Osceola

23d. LOCATION (City, town, or county) (State): Osceola Mo.

24. FUNERAL DIRECTOR ADDRESS: Goodrich Funeral Home, Osceola Mo.

25. DATE RECD. BY LOCAL REG.: 2-20-1962

26. REGISTRAR'S SIGNATURE: Ruth Seevers

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul Quentin

Licensed Embalmer No. 3990

P. O. Address Osceola Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.